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APPLICANTS

Mark E. Merchant, Nederland, TX;
Philip A. Guadagno, Vidor, TX;
Debra Linn Hicks, Orange, TX;
Suzan Robinson, Silsbee, TX;
Stacey Eloise Millican, Beaumont, TX;
Tokiya Nakazato, Saitama, JAPAN;

** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Jerold I Schneider
Dorsey & Whitney
Suite 200
1330 Connecticut Avenue NW
Washington, DC 20036

TITLE

Cholesterol separation and fluorescent analysis

FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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